

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ELIZA		04-03-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TA	JCMY	05/29/07
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

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**BEST AVAILABLE COPY**

Claim	Final	Original	Date
1	✓	11	5
2	✓	12	8
3	✓	13	2
4	✓	14	1
5	✓	15	1
6	✓	16	1
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If more than 150 claims or 10 actions  
 stapl additional sheet h r

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